

**MOTION BY SUPERVISOR YVONNE B. BURKE**

**November 23, 2004**

The availability of trauma services is critical to the residents of South Los Angeles. King/Drew Medical Center (KDMC) has played an important role in meeting this need. It is in the public interest to ensure that trauma services at KDMC be restored.

We all recognize that the hospital is facing many significant challenges, the most important of which is to make sure that patients are cared for in a consistently safe environment. Certainly, the activities being undertaken by Navigant in its day-to-day oversight of the hospital's management and its assessment and implementation of recommendations will contribute to achieving this goal. Similarly, DHS should be working to ensure that the resources from across the system are brought to bear to support the efforts to restructure King/Drew. This should include examining the reallocation of staff from other facilities, as well as the integration of resident training program rotations.

-M O R E-

MOTION

MOLINA \_\_\_\_\_

BURKE \_\_\_\_\_

YAROSLAVSKY \_\_\_\_\_

ANTONOVICH \_\_\_\_\_

KNABE \_\_\_\_\_

A critical aspect of fixing the problems at King/Drew is strengthening the physician faculty and resident training programs. Dr. Garthwaite has previously informed our Board of his intent to integrate the resident training programs across DHS facilities; the challenges at King/Drew present the opportunity to bring this goal to life. An outside advisory group has been established by the Department to provide an additional perspective to DHS on the progress being made to restructure the hospital and the Drew Medical School. This group can play a key role in achieving this integration. The members of this group include academic leaders from both the UCLA and USC Schools of Medicine and their involvement in evaluating the ability of King/Drew to strengthen its clinical and academic programs is critical, particularly to the future of the hospital's provision of trauma and related services.

Additionally, the entry of California Hospital into the trauma network will add much-needed trauma services in the County. Should the Board of Supervisors vote to suspend trauma designation, according to DHS, KDMC will not immediately close and should remain open for 60 to 90 days while the transition occurs. The opening of California Hospital's trauma unit on December 1 will give us the opportunity to see whether reduced volume in the trauma center addresses DHS' concerns regarding patient safety at King/Drew and serves to decompress the hospital.

-M O R E-

**I THEREFORE MOVE THAT** the Board of Supervisors instruct the Director of Health Services to:

- 1.. Establish a goal for the restoration of trauma services, if certain internal and external conditions are aligned including quality, resources, patient need, and the mission of KDMC; and
2. Include the following items in the King/Drew advisory group's charter:
  - Recommendations for the future of resident training programs at King/Drew, including the number and configuration of training programs at King/Drew and a process and timeline to achieve this goal.
  - Recommendations and a timeline for achieving greater collaboration and integration of training programs between King/Drew and the other DHS teaching facilities.
3. In consultation with Navigant Consulting, conduct on-going assessments of whether KDMC can safely provide trauma services and what volume of patients.

The Department should report back by February 15, 2005 on the advisory group's findings, recommendations, and a plan for implementing these proposals.

**#####**